MAXIMUS Federal Services

Case Number:	CM15-0049516		
Date Assigned:	03/23/2015	Date of Injury:	10/07/2011
Decision Date:	05/18/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female who reported an injury on 10/07/2011. The mechanism of injury was while positioning a client in bed, the injured worker felt a sharp pain on the left inner arm and it was noted to be still swollen and painful. Prior treatments included medication and diagnostic studies. The documentation of 02/17/2015 was handwritten and difficult to read. The surgical history was noncontributory. The medications were noted to include Soma, Norco, and lidocaine since at least 01/15/2015. Per the documentation, the injured worker had complaints of left elbow pain and swelling.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Carisoprodal 350mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for an extended duration of time. There was a lack of documentation indicating the efficacy for the requested medication. There was a lack of documentation indicating a necessity for greater than 3 weeks of use. The request as submitted failed to indicate the frequency for the request medication. Given the above, the request for carisoprodol 350 mg #120 is not medically necessary.

Hydrocodone/Acetaminophen 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/acetaminophen 5/325 mg #60 is not medically necessary.

Lidocaine Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review failed to provide documentation the injured worker had a trial and failure of first line therapy. The efficacy for the requested medication was not provided. The request as submitted failed to indicate the

frequency for the requested medication. Given the above, the request for lidocaine patches 5% #30 is not medically necessary.